

**THIRD ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**SANTA ROSA CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted November 8-10, 2016

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## **CAP Assessment of Santa Rosa Correctional Institution**

### **I. Overview**

On November 8-10, 2016, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Santa Rosa Correctional Institution (SARCI). The survey report was distributed on December 5, 2016. In January 2017, SARCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the November 2016 survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days.

On June 13, 2017, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on June 28, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 8 of 8 physical health findings and 12 of 28 mental health findings were corrected at the Main Unit. Additionally, 12 of 13 physical health findings and 11 of 24 mental health findings were corrected at the Annex.

On September 14, 2017, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on September 22, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 3 of 16 mental health findings were corrected on the Main Unit. CF-1 was added for in-service training, monitoring, and corrective action. Additionally, 1 of 1 physical health findings and 8 of 13 mental health findings were corrected at the Annex.

On January 3, 2018, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on February 16, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

### **II. Physical Health Assessment Summary**

#### **A. Main Unit**

All physical health findings are closed.

#### **B. Annex**

All physical health findings are closed.

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 1 of 14 mental health findings were corrected. Thirteen mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p>A comprehensive review of 13 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p><b>MH-1:</b> In 1 of 2 applicable records, the guidelines for SHOS management were not observed.</p> <p><b>MH-2:</b> In 8 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p><b>MH-4:</b> In 6 of 9 applicable records, mental health staff did not provide post-discharge follow-up within 7 days.</p>	<p><b>MH-1 &amp; MH-2 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-1 &amp; MH-2 will remain open.</p> <p><b>MH-4 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-4 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>USE OF FORCE</u></b></p> <p>A comprehensive review of 11 use of force episodes revealed the following deficiencies:</p> <p><b>MH-5:</b> In 3 records, there was no evidence of a written referral by physical health staff to mental health.</p> <p><b>MH-6:</b> In 4 records, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</p>	<p><b>MH-5 &amp; MH-6 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-5 &amp; MH-6 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>SPECIAL HOUSING</u></b></p> <p><b>MH-8: In 2 of 8 applicable records (13 reviewed), psychotropic medications ordered were not continued as directed while the inmate was held in special housing.</b></p>	<p><b>MH-8 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-8 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>A comprehensive review of 18 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-13: In 2 of 10 applicable records, follow-up lab tests were not ordered and/or conducted as required.</b></p> <p><b>MH-14: In 4 of 16 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</b></p> <p><b>MH-15: In 5 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</b></p>	<p><b>MH-13 &amp; MH-14 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-13 &amp; MH-14 will remain open.</p> <p><b>MH-15 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-15.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 18 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-17: In 1 of 5 applicable records, current psychotropic medications were not continued until the inmate saw the psychiatrist upon transfer into the institution.</b></p> <p><b>MH-18: In 4 of 13 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival.</b></p> <p><b>MH-22: In 8 records, there was no documentation that the inmate received the services listed in the ISP.</b></p> <p><b>MH-24: In 5 of 12 applicable records, individual or group counseling for inmates in close management status was not offered weekly and there was no evidence of refusal.</b></p>	<p><b>MH-17, MH-18, &amp; MH-22 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-17, MH-18, &amp; MH-22 will remain open.</p> <p><b>MH-24 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-24 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>CF-1: In 6 of 12 records reviewed, Individualized Service Plans (ISPs) were not completed and/or revised at appropriate intervals.</b></p>	<p><b>CF-1 OPEN</b></p> <p>Evidence of in-service training and monitoring was not provided.</p>

**C. Annex**

The CAP closure files revealed sufficient evidence to determine that 0 of 5 mental health findings were corrected. Five mental health findings will remain open. CF-2 was added for in-service training, monitoring, and corrective action.

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>A comprehensive review of 17 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-5: In 1 of 3 applicable records, there was no evidence that abnormal lab results were addressed.</b></p> <p><b>MH-6: In 1 of 4 applicable records, follow-up lab tests were not completed as required.</b></p>	<p><b>MH-5 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-5 will remain open.</p> <p><b>MH-6 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-6 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>A comprehensive review of 14 inpatient records revealed the following deficiencies:</b></p> <p><b>MH-12: In 1 of 5 applicable records, initial lab tests were not completed as required.</b></p> <p><b>MH-17: In 8 of 13 applicable records, AIMS were not administered within the appropriate time frame.</b></p>	<p><b>MH-12 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-12 &amp; MH-17 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MENTAL HEALTH SYSTEMS REVIEW</u></b></p> <p><b>MH-24: There is an inadequate tracking mechanism to reflect mental health related admissions and discharges from the infirmary.</b></p>	<p><b>MH-24 OPEN</b></p> <p>Adequate documentation of correction was not provided. MH-24 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>CF-2: In 5 of 10 records reviewed, inmates did not receive individual counseling at the required intervals (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion CF-2:** *In three records, inmates with a diagnosis of a psychotic disorder were not seen at the required 30-day intervals. In the two remaining records, the counseling session was over one month late.*

#### **IV. Conclusion**

##### **Physical Health Main Unit**

All physical health findings are closed

##### **Physical Health Annex**

All physical health findings are closed.

##### **Mental Health Main Unit**

The following mental health finding will close: MH-15. All other mental health portions will remain open.

##### **Mental Health Annex**

CF-2 was added for in-service training, monitoring, and corrective action. All mental health portions will remain open.

Until such time as appropriate corrective actions are undertaken by staff and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely take place through an on-site visit.